



General Assembly

January Session, 2023

Committee Bill No. 9

LCO No. 6017



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING HEALTH AND WELLNESS FOR
CONNECTICUT RESIDENTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective from passage*) (a) As used in this section,
2 "assisted reproductive technology" has the same meaning as provided
3 in 42 USC 263a-7, as amended from time to time.
- 4 (b) No person or entity may prohibit or unreasonably limit any
5 person from (1) accessing assisted reproductive technology, (2)
6 continuing or completing an ongoing assisted reproductive technology
7 treatment or procedure pursuant to a written plan or agreement with a
8 health care provider, or (3) retaining all rights regarding the use of
9 reproductive genetic materials, including, but not limited to, gametes
10 and embryos.
- 11 (c) No person or entity may prohibit or unreasonably limit a health
12 care provider who is licensed, certified or otherwise authorized to
13 perform assisted reproductive technology treatments or procedures
14 from (1) performing any such treatment or procedure, or (2) providing
15 evidence-based information related to assisted reproductive

16 technology.

17 Sec. 2. (*Effective July 1, 2023*) The Commissioner of Social Services
18 shall adjust Medicaid reimbursement criteria to provide funding for
19 same-day access to long-acting reversible contraceptives at federally
20 qualified health centers. As used in this section, "long-acting reversible
21 contraceptive" means any method of contraception that does not have
22 to be used or applied more than once a menstrual cycle or once a
23 month.

24 Sec. 3. (NEW) (*Effective October 1, 2023*) (a) As used in this section:

25 (1) "Facility" means a hospital, clinic, physician's office or other
26 facility that provides reproductive health services, including the
27 building or structure in which the hospital, clinic, office or facility is
28 located;

29 (2) "Interfere with" means to restrict a person's freedom of
30 movement;

31 (3) "Intimidate" means to place a person in reasonable apprehension
32 of bodily harm to such person or to another person;

33 (4) "Physical obstruction" means rendering impassable ingress to or
34 egress from a facility that provides reproductive health services or
35 rendering passage to or from such facility unreasonably difficult or
36 hazardous; and

37 (5) "Reproductive health services" means medical, surgical,
38 counseling or referral services relating to the human reproductive
39 system, including, but not limited to, services relating to pregnancy or
40 the termination of a pregnancy.

41 (b) Any person who (1) by force or threat of force or by physical
42 obstruction, intentionally injures, intimidates or interferes with or
43 attempts to injure, intimidate or interfere with any person because that
44 person is or has been obtaining or providing reproductive health

45 services, or in order to intimidate such person or any other person or
46 any class of persons from obtaining or providing such services, or (2)
47 intentionally damages or destroys or attempts to damage or destroy
48 the property of a facility because such facility provides reproductive
49 health services, shall be subject to penalties as described in subsection
50 (c) of this section and may be liable for civil remedies pursuant to
51 subsection (d) of this section. A parent or legal guardian of a minor
52 shall not be subject to any such penalties for activities described in
53 subdivision (1) of this subsection if such activities are directed
54 exclusively at such minor.

55 (c) (1) Except as provided in subdivision (2) of this subsection, a
56 violation of subsection (b) is (A) a class A misdemeanor for a first
57 offense, and (B) a class E felony for any subsequent offense.

58 (2) A violation of subsection (b) that results in a (A) person suffering
59 a physical injury, as defined in section 53a-3 of the general statutes, is a
60 class C felony, or (B) person's death is a class B felony.

61 (d) (1) Any person aggrieved by reason of the conduct prohibited by
62 subsection (b) of this section may bring a civil action for the relief set
63 forth in subdivision (2) of this subsection, except such an action may be
64 brought under subdivision (1) of subsection (b) of this section only by
65 a person involved in providing or seeking to provide, or obtaining or
66 seeking to obtain, services in a facility that provides reproductive
67 health services.

68 (2) In any action under subdivision (1) of this subsection, the court
69 may award appropriate relief, including temporary, preliminary or
70 permanent injunctive relief and compensatory and punitive damages,
71 plus reasonable attorneys' fees and costs. With respect to
72 compensatory damages, the plaintiff may elect, at any time prior to the
73 rendering of final judgment, to recover, in lieu of actual damages, an
74 award of statutory damages in the amount of five thousand dollars per
75 violation.

76 (e) (1) If the Attorney General has reasonable cause to believe that
77 any person has been or may be injured by conduct constituting a
78 violation of subsection (b) of this section, the Attorney General may
79 bring a civil action in the Superior Court.

80 (2) In any action brought under subdivision (1) of this subsection,
81 the court may award appropriate relief, including temporary,
82 preliminary or permanent injunctive relief, and compensatory
83 damages to persons aggrieved as described in subdivision (2) of
84 subsection (c) of this section. The court, to vindicate the public interest,
85 may also assess a civil penalty against each respondent (A) in an
86 amount not exceeding ten thousand dollars for a nonviolent physical
87 obstruction and fifteen thousand dollars for other first violations, and
88 (B) in an amount not exceeding fifteen thousand dollars for a
89 nonviolent physical obstruction and twenty-five thousand dollars for
90 any other subsequent violation.

91 (f) Nothing in this section shall be construed to (1) prohibit any
92 expressive conduct, including, but not limited to, peaceful picketing or
93 other peaceful demonstration to the extent protected by article first of
94 the Constitution of the state or the first amendment to the United
95 States Constitution; (2) create any new remedies for interference with
96 activities protected by article first of the Constitution of the state or the
97 first amendment to the United States Constitution occurring outside a
98 facility, regardless of the point of view expressed, or to limit any
99 existing legal remedies for such interference; (3) provide exclusive
100 criminal penalties or civil remedies with respect to the conduct
101 prohibited by this section; or (4) interfere with the enforcement of any
102 general statute, regulation of Connecticut state agencies, local
103 ordinance or other local law concerning the provision of reproductive
104 health services.

105 Sec. 4. (*Effective from passage*) (a) As used in this section and section 5
106 of this act, "harm reduction center" means a medical facility where a
107 person may safely consume controlled substances under the

108 observation of licensed health care providers who are present to
109 provide necessary medical treatment in the event of an overdose of a
110 controlled substance.

111 (b) The Department of Mental Health and Addiction Services, in
112 consultation with the Department of Public Health, shall establish a
113 pilot program to prevent drug overdoses through the establishment of
114 harm reduction centers in three municipalities in the state selected by
115 the Commissioner of Mental Health and Addiction Services, subject to
116 the approval of the chief elected officials of each municipality selected
117 by said commissioner.

118 (c) Each harm reduction center established pursuant to subsection
119 (b) of this section shall (1) employ licensed health care providers with
120 experience treating persons with substance use disorders to monitor
121 persons utilizing the harm reduction center for the purpose of
122 providing medical treatment to any person who experiences
123 symptoms of an overdose, in a number determined sufficient by the
124 Commissioner of Mental Health and Addiction Services, and (2)
125 provide referrals for substance use disorder counseling or other mental
126 health or medical treatment services that may be appropriate for
127 persons utilizing the harm reduction center. A licensed health care
128 provider's participation in the pilot program shall not be grounds for
129 disciplinary action by the Department of Public Health pursuant to
130 section 19a-17 of the general statutes.

131 (d) The Commissioner of Mental Health and Addiction Services
132 may request a disbursement of funds from the Opioid Settlement Fund
133 established pursuant to section 17a-674a of the general statutes to fund,
134 in whole or in part, the establishment and administration of the pilot
135 program.

136 (e) The Commissioner of Mental Health and Addiction Services
137 shall adopt regulations, in accordance with the provisions of chapter
138 54 of the general statutes, to implement the provisions of this section.

139 Sec. 5. (*Effective from passage*) (a) There is established a Harm
140 Reduction Center Pilot Program Advisory Committee that shall advise
141 the Department of Mental Health and Addiction Services on issues
142 concerning the establishment of the harm reduction center pilot
143 program pursuant to section 4 of this act. The advisory committee shall
144 meet at the discretion of the Commissioner of Mental Health and
145 Addiction Services and shall make recommendations to the
146 commissioner regarding the following:

147 (1) Maximizing the potential public health and safety benefits of the
148 harm reduction centers;

149 (2) The proper disposal of hypodermic needles and syringes;

150 (3) The recovery of persons utilizing the harm reduction centers;

151 (4) Federal, state and local laws impacting the creation and
152 operation of the harm reduction centers;

153 (5) Appropriate guidance to relevant professional licensing boards
154 concerning the impact of health care providers participating in the
155 harm reduction center pilot program on the effectiveness of the pilot
156 program;

157 (6) Potential integration of the harm reduction center pilot program
158 with other public health efforts;

159 (7) Consideration of any other factors beneficial to promoting the
160 public health and safety in the operation of the harm reduction center
161 pilot program; and

162 (8) Liability protection for property owners and staff, volunteers
163 and participants in the harm reduction center pilot program, from
164 criminal or civil liability resulting from the operation of a harm
165 reduction center.

166 (b) The advisory committee shall consist of the following members:

167 (1) The Commissioners of Mental Health and Addiction Services
168 and Public Health, or the commissioners' designee;

169 (2) The president of the Connecticut Conference of Municipalities,
170 or the president's designee;

171 (3) The co-chairperson of the Opioid Settlement Advisory
172 Committee appointed by the speaker of the House of Representatives
173 and the president pro tempore of the Senate pursuant to subsection (c)
174 of section 17a-674d of the general statutes, or the co-chairperson's
175 designee;

176 (4) One member who represents and shall be appointed by a
177 medical society in the state;

178 (5) One member who represents and shall be appointed by a
179 hospital society in the state;

180 (6) One member who represents and shall be appointed by the
181 Connecticut chapter of a national society of addiction medicine;

182 (7) Two members appointed by the speaker of the House of
183 Representatives, one of whom shall be a person with a substance use
184 disorder, and one of whom shall be an administrator of a harm
185 reduction center operating in another state;

186 (8) Two members appointed by the president pro tempore of the
187 Senate, one of whom shall be a health care provider experienced in
188 treating persons with substance use disorders and overdose
189 prevention, and one of whom shall be an administrator of a harm
190 reduction center operating in another state;

191 (9) One member appointed by the majority leader of the House of
192 Representatives, who shall be a current or former law enforcement
193 official;

194 (10) One member appointed by the majority leader of the Senate,

195 who shall be a family member of a person who suffered a fatal drug
196 overdose;

197 (11) One member appointed by the minority leader of the House of
198 Representatives, who shall be a licensed mental health care provider
199 with experience treating persons with opioid use disorder; and

200 (12) One member appointed by the minority leader of the Senate,
201 who shall be a licensed health care provider with experience treating
202 persons who have experienced a drug overdose.

203 (c) The Commissioner of Mental Health and Addiction Services, or
204 said commissioner's designee, shall be the chairperson of the
205 committee. The chairperson of the committee, with a vote of the
206 majority of the members present, may appoint ex-officio nonvoting
207 members in specialties not represented among voting members. Any
208 vacancy shall be filled by the appointing authority.

209 (d) The chairperson of the advisory committee may designate one or
210 more working groups to address specific issues and shall appoint the
211 members of each working group. Each working group shall report its
212 findings and recommendations to the full advisory committee.

213 (e) Not later than January 1, 2024, and annually thereafter until the
214 termination of the pilot program, the Commissioner of Mental Health
215 and Addiction Services shall report, in accordance with the provisions
216 of section 11-4a of the general statutes, to the joint standing committee
217 of the General Assembly having cognizance of matters relating to
218 public health regarding the recommendations of the advisory
219 committee and the outcome of the harm reduction center pilot
220 program established pursuant to section 4 of this act.

221 Sec. 6. (NEW) (*Effective October 1, 2023*) (a) As used in this section,
222 (1) "eligible entity" means a (A) municipality, (B) local or regional
223 board of education, (C) similar body governing one or more nonpublic
224 school, (D) district department of health, (E) municipal health

225 department, or (F) law enforcement agency, and (2) "opioid antagonist"
226 means naloxone hydrochloride or any other similarly acting and
227 equally safe drug approved by the federal Food and Drug
228 Administration for the treatment of a drug overdose.

229 (b) There is established an Opioid Antagonist Bulk Purchase Fund
230 which shall be a separate nonlapsing account within the General Fund.
231 The account shall contain any (1) amounts appropriated or otherwise
232 made available by the state for the purposes of this section, (2) moneys
233 required by law to be deposited in the account, and (3) gifts, grants,
234 donations or bequests made for the purposes of this section.
235 Investment earnings credited to the assets of the account shall become
236 part of the assets of the account. Any balance remaining in the account
237 at the end of any fiscal year shall be carried forward in the account for
238 the fiscal year next succeeding. The State Treasurer shall administer
239 the account. All moneys deposited in the account shall be used by the
240 Department of Mental Health and Addiction Services for the purposes
241 of this section. The department may deduct and retain from the
242 moneys in the account an amount equal to the costs incurred by the
243 department in administering the provisions of this section, except that
244 said amount shall not exceed two per cent of the moneys deposited in
245 the account in any fiscal year.

246 (c) The Department of Mental Health and Addiction Services shall
247 use the Opioid Antagonist Bulk Purchase Fund to make grants to
248 eligible entities for the purchase of large quantities of opioid
249 antagonists in bulk at a discounted price. The department may contract
250 with a wholesaler of prescription drugs for the purchasing and
251 distribution of opioid antagonists in bulk. The Commissioner of
252 Mental Health and Addiction Services shall establish an application
253 process for eligible entities to apply for a grant under this subsection.

254 (d) The Department of Mental Health and Addiction Services shall
255 adopt regulations implementing the provisions of this section, in
256 accordance with the provisions of chapter 54 of the general statutes.

257 The department may implement the policies and procedures contained
258 in such proposed regulations while in the process of adopting such
259 proposed regulations, provided the department publishes notice of
260 intention to adopt the regulations on the department's Internet web
261 site and on the eRegulations System not later than twenty days after
262 implementing such policies and procedures. Policies and procedures
263 implemented pursuant to this subsection shall be valid until the earlier
264 of the date on which such regulations are effective or one year after the
265 publication of such notice of intention.

266 (e) Not later than January 1, 2025, and annually thereafter, the
267 Commissioner of Mental Health and Addiction Services shall report, in
268 accordance with the provision of section 11-4a of the general statutes,
269 to the joint standing committees of the General Assembly having
270 cognizance of matters relating to public health and appropriations and
271 the budgets of state agencies regarding the following information for
272 the preceding calendar year: (1) The number of grants applications
273 received, (2) the number of eligible entities that received grants under
274 this section, (3) the amount in grants made to each such eligible entity,
275 (4) the amount of opioid antagonists purchased by each such eligible
276 entity, (5) the use of the opioid antagonists purchased with such grants
277 by each such eligible entity, if known by the commissioner, and (6) any
278 recommendations regarding the Opioid Antagonist Bulk Purchase
279 Fund, including any proposed legislation to facilitate the purposes of
280 this section.

281 Sec. 7. Section 20-14o of the general statutes is repealed and the
282 following is substituted in lieu thereof (*Effective October 1, 2023*):

283 (a) As used in this section:

284 (1) "Opioid drug" has the same meaning as provided in 42 CFR 8.2,
285 as amended from time to time;

286 (2) "Adult" means a person who is at least eighteen years of age;

287 (3) "Prescribing practitioner" has the same meaning as provided in
288 section 20-14c;

289 (4) "Minor" means a person who is under eighteen years of age;

290 (5) "Opioid agonist" means a medication that binds to the opiate
291 receptors and provides relief to individuals in treatment for abuse of or
292 dependence on an opioid drug;

293 (6) "Opiate receptor" means a specific site on a cell surface that
294 interacts in a highly selective fashion with an opioid drug;

295 (7) "Palliative care" means specialized medical care to improve the
296 quality of life of patients and their families facing the problems
297 associated with a life-threatening illness; and

298 (8) "Opioid antagonist" has the same meaning as provided in section
299 17a-714a.

300 (b) When issuing a prescription for an opioid drug to an adult
301 patient for the first time for outpatient use, a prescribing practitioner
302 who is authorized to prescribe an opioid drug shall not issue a
303 prescription for more than a seven-day supply of such drug, as
304 recommended in the National Centers for Disease Control and
305 Prevention's Guideline for Prescribing Opioids for Chronic Pain.

306 (c) A prescribing practitioner shall not issue a prescription for an
307 opioid drug to a minor for more than a five-day supply of such drug.

308 (d) Notwithstanding the provisions of subsections (b) and (c) of this
309 section, if, in the professional medical judgment of a prescribing
310 practitioner, more than a seven-day supply of an opioid drug is
311 required to treat an adult patient's acute medical condition, or more
312 than a five-day supply of an opioid drug is required to treat a minor
313 patient's acute medical condition, as determined by the prescribing
314 practitioner, or is necessary for the treatment of chronic pain, pain
315 associated with a cancer diagnosis or for palliative care, then the

316 prescribing practitioner may issue a prescription for the quantity
317 needed to treat the acute medical condition, chronic pain, pain
318 associated with a cancer diagnosis or pain experienced while the
319 patient is in palliative care. The condition triggering the prescription of
320 an opioid drug for more than a seven-day supply for an adult patient
321 or more than a five-day supply for a minor patient shall be
322 documented in the patient's medical record and the practitioner shall
323 indicate that an alternative to the opioid drug was not appropriate to
324 address the medical condition.

325 (e) The provisions of subsections (b), (c) and (d) of this section shall
326 not apply to medications designed for the treatment of abuse of or
327 dependence on an opioid drug, including, but not limited to, opioid
328 agonists and opioid antagonists.

329 (f) When issuing a prescription for an opioid drug to an adult or
330 minor patient, the prescribing practitioner shall discuss with the
331 patient the risks associated with the use of such opioid drug,
332 including, but not limited to, the risks of addiction and overdose
333 associated with opioid drugs and the dangers of taking opioid drugs
334 with alcohol, benzodiazepines and other central nervous system
335 depressants, and the reasons the prescription is necessary, and, if
336 applicable, with the custodial parent, guardian or other person having
337 legal custody of the minor if such parent, guardian or other person is
338 present at the time of issuance of the prescription.

339 (g) When issuing a prescription for an opioid drug to an adult or
340 minor patient, the prescribing practitioner shall also issue a
341 prescription for an opioid antagonist to the patient when the following
342 risk factors are present: (1) The patient has a history of a substance use
343 disorder; (2) the prescribing practitioner issued a prescription for a
344 high-dose opioid drug that results in ninety morphine milligram
345 equivalents or higher per day; or (3) concurrent use by the patient of
346 an opioid drug and a benzodiazepine or nonbenzodiazepine sedative
347 hypnotic.

348 Sec. 8. (NEW) (*Effective July 1, 2023*) (a) As used in this section:

349 (1) "Emergency medical services personnel" has the same meaning
350 as provided in section 19a-175 of the general statutes;

351 (2) "Opioid antagonist" means naloxone hydrochloride or any other
352 similarly acting and equally safe drug approved by the federal Food
353 and Drug Administration for the treatment of a drug overdose;

354 (3) "Opioid use disorder" means a medical condition characterized
355 by a problematic pattern of opioid use and misuse leading to clinically
356 significant impairment or distress;

357 (4) "Opioid drug" has the same meaning as provided in 42 CFR 8.2,
358 as amended from time to time; and

359 (5) "Pharmacist" has the same meaning as provided in section 20-
360 609a of the general statutes.

361 (b) Not later than January 1, 2024, the Office of Emergency Medical
362 Services, in collaboration with the Departments of Mental Health and
363 Addiction Services and Consumer Protection, shall develop a program
364 for the provision of opioid antagonists and related information by
365 emergency medical services personnel to certain members of the
366 public. Emergency medical services personnel shall distribute an
367 opioid antagonist kit containing a personal supply of opioid
368 antagonists and the one-page fact sheet developed by the Connecticut
369 Alcohol and Drug Policy Council pursuant to section 17a-667a of the
370 general statutes regarding the risks of taking an opioid drug,
371 symptoms of opioid use disorder and services available in the state for
372 persons who experience symptoms of or are otherwise affected by
373 opioid use disorder to a patient who (1) is treated by such personnel
374 for an overdose of an opioid drug, (2) displays symptoms to such
375 personnel of opioid use disorder, or (3) is treated at a location where
376 such personnel observes evidence of illicit use of an opioid drug, or to
377 such patient's family member, caregiver or friend who is present at the

378 location. Emergency medical services personnel shall refer the patient
379 or such patient's family member, caregiver or friend to the written
380 instructions regarding the administration of such opioid antagonist, as
381 deemed appropriate by such personnel.

382 (c) Emergency medical services organizations may obtain opioid
383 antagonists for dissemination through the program developed
384 pursuant to subsection (a) of this section from a pharmacist pursuant
385 to section 20-633c, 20-633d, as amended by this act, or 21a-286 of the
386 general statutes.

387 (d) Emergency medical services personnel shall document the
388 number of opioid antagonist kits distributed pursuant to subsection (a)
389 of this section, including, but not limited to, the number of doses of an
390 opioid antagonist included in each kit.

391 (e) Not later than January 1, 2025, and annually thereafter, the
392 executive director of the Office of Emergency Medical Services shall
393 report, in accordance with section 11-4a of the general statutes, to the
394 joint standing committee of the General Assembly having cognizance
395 of matters relating to public health regarding the implementation of
396 the program developed pursuant to subsection (a) of this section,
397 including, but not limited to, information contained in the
398 documentation prepared pursuant to subsection (d) of this section.

399 (f) The Department of Public Health may adopt regulations, in
400 accordance with the provisions of chapter 54 of the general statutes, to
401 implement the provisions of this section.

402 Sec. 9. Subsection (a) of section 20-633d of the general statutes is
403 repealed and the following is substituted in lieu thereof (*Effective July*
404 *1, 2023*):

405 (a) A prescribing practitioner, as defined in section 20-14c, who is
406 authorized to prescribe an opioid antagonist, as defined in section 17a-
407 714a, and a pharmacy may enter into an agreement for a medical

408 protocol standing order at such pharmacy allowing a pharmacist
409 licensed under part II of this chapter to dispense an opioid antagonist
410 that is [(1)] administered by an intranasal application delivery system
411 or an auto-injection delivery system [, (2)] and approved by the federal
412 Food and Drug Administration [, and (3) dispensed to] to (1) any
413 person at risk of experiencing an overdose of an opioid drug, as
414 defined in 42 CFR 8.2, [or to] (2) a family member, friend or other
415 person in a position to assist a person at risk of experiencing an
416 overdose of an opioid drug, or (3) an emergency medical services
417 organization for purposes of section 8 of this act.

418 Sec. 10. (NEW) (*Effective July 1, 2023*) (a) The Commissioner of
419 Education shall establish a Health Care Career Advisory Council
420 consisting of the following members:

421 (1) A representative of an association of hospitals in the state;

422 (2) A representative of a medical society in the state;

423 (3) A representative of the Connecticut chapter of a national
424 association of nurse practitioners;

425 (4) A representative of an association of nurses in the state;

426 (5) A representative of an association of physician assistants in the
427 state;

428 (6) A representative of the Connecticut chapter of a national
429 association of social workers;

430 (7) A representative of the Connecticut chapter of a national
431 association of psychologists in the state; and

432 (8) A representative of an association of pharmacists in the state.

433 (b) The advisory council shall advise the Commissioner of
434 Education concerning the development of a health care career program
435 consisting of (1) the promotion of the health care professions as career

436 options to students in middle and high school, including, but not
437 limited to, through career day presentations regarding health care
438 career opportunities in the state, the development of partnerships with
439 health care career education programs in the state and the creation of
440 counseling programs directed to high school students in order to
441 inform them about and recruit them to the health care professions, and
442 (2) job shadowing and internship experiences in health care fields for
443 high school students.

444 (c) Members shall receive no compensation except for
445 reimbursement for necessary expenses incurred in performing their
446 duties.

447 (d) The Commissioner of Education shall schedule the first meeting
448 of the advisory council, which shall be held not later than September 1,
449 2023. The members shall elect the chairperson of the advisory council
450 from among the members of the council. A majority of the council
451 members shall constitute a quorum. A majority vote of a quorum shall
452 be required for any official action of the advisory council. The advisory
453 council shall meet upon the call of the chairperson or upon the
454 majority request of the council members.

455 (e) Not later than January 1, 2024, and not less than annually
456 thereafter, the advisory council shall submit a report, in accordance
457 with the provisions of section 11-4a of the general statutes, on its
458 recommendations to the Commissioner of Education and to the joint
459 standing committees of the General Assembly having cognizance of
460 matters relating to education and public health.

461 (f) The Commissioner of Education shall notify each local and
462 regional board of education of the advisory council's recommendations
463 not later than thirty days after the commissioner's receipt of the
464 advisory council's report containing such recommendations.

465 Sec. 11. (*Effective from passage*) (a) The Commissioner of Public
466 Health shall convene a working group to develop recommendations

467 for expanding the nursing workforce in the state. The working group
468 shall evaluate the following: (1) The quality of the nursing and nurse's
469 aides education programs in the state; (2) the quality of the clinical
470 training programs for nurses and nurse's aides in the state; (3) the
471 potential for increasing the number of clinical training sites for nurses
472 and nurse's aides; (4) the expansion of clinical training facilities in the
473 state for nurses and nurse's aides; and (5) barriers to recruitment and
474 retention of nurses and nurse's aides.

475 (b) The working group shall consist of the following members:

476 (1) Two representatives of a labor organization representing acute
477 care hospital workers in the state;

478 (2) Two representatives of a labor organization representing nurses
479 and nurse's aides employed by the state of Connecticut or a hospital or
480 long-term care facility in the state;

481 (3) Two representatives of a labor organization representing faculty
482 and professional staff at the regional community-technical colleges;

483 (4) The president of the Board of Regents for Higher Education, or
484 the president's designee;

485 (5) The president of the Connecticut State Colleges and Universities,
486 or the president's designee;

487 (6) The president of The University of Connecticut, or the
488 president's designee;

489 (7) One member of the administration of The University of
490 Connecticut Health Center;

491 (8) Two representatives of the Connecticut Conference of
492 Independent Colleges;

493 (9) The Commissioner of Public Health, or the commissioner's
494 designee;

495 (10) The Commissioner of Social Services, or the commissioner's
496 designee;

497 (11) The Commissioner of Administrative Services, or the
498 commissioner's designee;

499 (12) The Secretary of the Office of Policy and Management, or the
500 secretary's designee;

501 (13) A representative of the State Board of Examiners for Nursing;

502 (14) The chairpersons and ranking members of the joint standing
503 committee of the General Assembly having cognizance of matters
504 relating to public health, or the chairpersons' designees; and

505 (15) The chairpersons and ranking members of the joint standing
506 committee of the General Assembly having cognizance of matters
507 relating to higher education and employment advancement, or the
508 chairpersons' designees.

509 (c) The cochairpersons of the working group shall be the
510 Commissioner of Public Health, or the commissioner's designee, and
511 the president of the Board of Regents for Higher Education, or the
512 president's designee. The cochairpersons shall schedule the first
513 meeting of the working group, which shall be held not later than sixty
514 days after the effective date of this section.

515 (d) Not later than January 1, 2024, the working group shall submit a
516 report, in accordance with section 11-4a of the general statutes, to the
517 joint standing committees of the General Assembly having cognizance
518 of matters relating to public health and higher education and
519 employment advancement on its findings and any recommendations
520 for improving the recruitment and retention of nurses and nurse's
521 aides in the state, including, but not limited to, a five-year plan and a
522 ten-year plan for increasing the nursing workforce in the state. The
523 working group shall terminate on the date that it submits such report
524 or January 1, 2024, whichever is later.

525 Sec. 12. (NEW) (*Effective July 1, 2023*) On and after January 1, 2024,
526 notwithstanding any provision of title 10a of the general statutes, each
527 public institution of higher education shall consider any licensed
528 health care provider who (1) has not less than ten years of clinical
529 health care experience in a field in which such provider is licensed,
530 and (2) applies for a position as an adjunct faculty member at such
531 institution of higher education in a health care related field in which
532 such provider has such experience, to be a qualified applicant for such
533 position and give such provider the same consideration as any other
534 qualified applicant for such position. As used in this section, "public
535 institution of higher education" means those constituent units
536 identified in subdivisions (2) and (3) of section 10a-1 of the general
537 statutes.

538 Sec. 13. (NEW) (*Effective July 1, 2023*) (a) On or before January 1,
539 2024, the Office of Higher Education shall establish and administer an
540 adjunct professor incentive grant program. The program shall provide
541 incentive grants to each licensed health care provider who accepts a
542 position as an adjunct professor at a public institution of higher
543 education that was offered to such provider after being considered as
544 an applicant for such position pursuant to section 12 of this act. Such
545 grants shall be in an annual amount that represents the difference
546 between the provider's most recent annual salary as a licensed health
547 care provider in the clinical setting and the provider's salary as an
548 adjunct professor at such institution of higher education, for as long as
549 such provider remains employed as an adjunct professor in a health
550 care related field at such institution of higher education. The executive
551 director of the Office of Higher Education shall establish the
552 application process for the grant program.

553 (b) Not later than January 1, 2025, and annually thereafter, the
554 executive director of the Office of Higher Education shall report, in
555 accordance with the provisions of section 11-4a of the general statutes,
556 to the joint standing committee of the General Assembly having
557 cognizance of matters relating to public health regarding the number

558 and demographics of the adjunct professors who applied for and
559 received incentive grants from the adjunct professor grant program
560 established under subsection (a) of this section, the number and types
561 of classes taught by such adjunct professors, the institutions of higher
562 education employing such adjunct professors and any other
563 information deemed pertinent by the executive director.

564 Sec. 14. (NEW) (*Effective July 1, 2023*) On and after January 1, 2024,
565 the Department of Public Health shall offer any competency
566 evaluations prescribed by the Commissioner of Public Health for
567 nurse's aides, as defined in section 20-102aa of the general statutes, in
568 both English and Spanish.

569 Sec. 15. (NEW) (*Effective July 1, 2023*) (a) As used in this section,
570 "personal care attendant", "consumer" and "personal care assistance"
571 have the same meanings as provided in section 17b-706 of the general
572 statutes.

573 (b) Not later than January 1, 2024, the Department of Social Services
574 shall establish and administer a personal care attendants career
575 pathways program to improve the quality of care offered by personal
576 care attendants and incentivize the recruitment and retention of
577 personal care attendants in the state. A personal care attendant who is
578 not employed by a consumer, but who is eligible for employment by a
579 consumer, may participate in the program following the completion of
580 a program orientation developed by the Commissioner of Social
581 Services.

582 (c) The career pathways program shall include, but need not be
583 limited to, the following objectives:

584 (1) Increase in employment retention and recruitment of personal
585 care attendants to maintain a stable workforce for consumers,
586 including, but not limited to, through the creation of career pathways
587 for such attendants that improve skill and knowledge and increase
588 wages;

589 (2) Dignity in providing and receiving care through meaningful
590 collaboration between consumers and personal care attendants;

591 (3) Improvement in the quality of personal care assistance and the
592 overall quality of life of the consumer;

593 (4) Advancement of equity in the provision of personal care
594 assistance;

595 (5) Promotion of a culturally and linguistically competent workforce
596 of personal attendants to serve the growing racial, ethnic and linguistic
597 diversity of an aging population of consumers; and

598 (6) Promotion of self-determination principles by personal care
599 attendants.

600 (d) The Commissioner of Social Services shall offer the following
601 career pathways as part of the career pathways program:

602 (1) The basic skills career pathways, including (A) general health
603 and safety, and (B) adult education topics; and

604 (2) The specialized skills career pathways, including (A) cognitive
605 impairments and behavioral health, (B) complex physical care needs,
606 and (C) transitioning to home and community-based living from out-
607 of-home care or homelessness.

608 (e) The Commissioner of Social Services shall develop or identify, in
609 consultation with a labor management committee at a hospital or
610 health care organization, the training curriculum for each career
611 pathway of the career pathways program.

612 (f) Not later than January 1, 2025, the Commissioner of Social
613 Services shall report in accordance with the provisions of section 11-4a
614 of the general statutes, to the joint standing committees of the General
615 Assembly having cognizance of matters relating to human services and
616 public health, on the following information concerning the career

617 pathways program:

618 (1) The number of personal care attendants who enrolled in the
619 program and types of career pathways chosen by each attendant;

620 (2) The number of personal care attendants who successfully
621 completed a career pathway and the types of career pathways
622 completed by each attendant;

623 (3) The effectiveness of the program, as determined by surveys,
624 focus groups and interviews of personal care attendants, and whether
625 the successful completion of a career pathway resulted in a related
626 license or certificate for each personal care attendant or the retention of
627 employment as a personal care attendant;

628 (4) The number of personal care attendants who were employed by
629 a consumer with specialized care needs after completing a specialized
630 career pathway and who were retained in employment by such
631 consumer for a period of not less than six months; and

632 (5) The number of personal care attendants who were employed by
633 a consumer with specialized care needs after completing a specialized
634 career pathway and were retained in employment by such consumer
635 for a period of at least twelve months.

636 Sec. 16. (NEW) (*Effective October 1, 2023*) No hospital, or medical
637 review committee of a hospital, shall require, as part of its
638 credentialing requirements for a physician to be granted privileges to
639 practice in the hospital, that a physician provide credentials of any
640 board certification in a particular specialty.

641 Sec. 17. Section 20-14p of the general statutes is repealed and the
642 following is substituted in lieu thereof (*Effective July 1, 2023*):

643 (a) For purposes of this section: (1) "Covenant not to compete"
644 means any provision of an employment or other contract or agreement
645 that creates or establishes a professional relationship with a physician

646 and restricts the right of a physician to practice medicine in any
647 geographic area of the state for any period of time after the termination
648 or cessation of such partnership, employment or other professional
649 relationship; (2) "physician" means an individual licensed to practice
650 medicine under this chapter; and (3) "primary site where such
651 physician practices" means (A) the office, facility or location where a
652 majority of the revenue derived from such physician's services is
653 generated, or (B) any other office, facility or location where such
654 physician practices and mutually agreed to by the parties and
655 identified in the covenant not to compete.

656 (b) (1) A covenant not to compete that is entered into, amended,
657 extended or renewed prior to July 1, 2023, is valid and enforceable only
658 if it is: (A) Necessary to protect a legitimate business interest; (B)
659 reasonably limited in time, geographic scope and practice restrictions
660 as necessary to protect such business interest; and (C) otherwise
661 consistent with the law and public policy. The party seeking to enforce
662 a covenant not to compete shall have the burden of proof in any
663 proceeding.

664 (2) A covenant not to compete that is entered into, amended,
665 extended or renewed on or after July 1, 2016, but before June 30, 2023,
666 shall not: (A) Restrict the physician's competitive activities (i) for a
667 period of more than one year, and (ii) in a geographic region of more
668 than fifteen miles from the primary site where such physician
669 practices; or (B) be enforceable against a physician if (i) such
670 employment contract or agreement was not made in anticipation of, or
671 as part of, a partnership or ownership agreement and such contract or
672 agreement expires and is not renewed, unless, prior to such expiration,
673 the employer makes a bona fide offer to renew the contract on the
674 same or similar terms and conditions, or (ii) the employment or
675 contractual relationship is terminated by the employer, unless such
676 employment or contractual relationship is terminated for cause.

677 (3) Each covenant not to compete entered into, amended or renewed

678 on and after July 1, 2016, until June 30, 2023, shall be separately and
679 individually signed by the physician.

680 (4) On and after July 1, 2023, no employment, partnership or
681 ownership contract or agreement entered into, amended or renewed
682 shall contain a covenant not to compete and each covenant not to
683 compete entered into, amended or renewed on and after said date shall
684 be void and unenforceable. Any physician who is aggrieved by a
685 violation of this subdivision may bring a civil action in the Superior
686 Court to recover damages, together with court costs and reasonable
687 attorney's fees, and for such injunctive and equitable relief as the court
688 deems appropriate.

689 (c) The remaining provisions of any contract or agreement that
690 includes a covenant not to compete that is rendered void and
691 unenforceable, in whole or in part, under the provisions of this section
692 shall remain in full force and effect, including provisions that require
693 the payment of damages resulting from any injury suffered by reason
694 of termination of such contract or agreement.

695 Sec. 18. (NEW) (*Effective July 1, 2023*) (a) For purposes of this section:
696 (1) "Covenant not to compete" means any provision of an employment
697 or other contract or agreement that creates or establishes a professional
698 relationship with an advanced practice registered nurse and restricts
699 the right of an advanced practice registered nurse to provide health
700 care services as an advanced practice registered nurse in any
701 geographic area of the state for any period of time after the termination
702 or cessation of such partnership, employment or other professional
703 relationship; and (2) "advanced practice registered nurse" means an
704 individual licensed as an advanced practice registered nurse pursuant
705 to chapter 378 of the general statutes.

706 (b) On and after July 1, 2023, no employment, partnership or
707 ownership contract or agreement entered into, amended or renewed
708 shall contain a covenant not to compete and each covenant not to
709 compete entered into, amended or renewed on and after said date shall

710 be void and unenforceable. Any advanced practice registered nurse
711 who is aggrieved by a violation of this subsection may bring a civil
712 action in the Superior Court to recover damages, together with court
713 costs and reasonable attorney's fees, and for such injunctive and
714 equitable relief as the court deems appropriate.

715 (c) The remaining provisions of any contract or agreement that
716 includes a covenant not to compete that is rendered void and
717 unenforceable, in whole or in part, under the provisions of this section
718 shall remain in full force and effect, including provisions that require
719 the payment of damages resulting from any injury suffered by reason
720 of termination of such contract or agreement.

721 Sec. 19. (*Effective from passage*) (a) There is established a task force to
722 study medical malpractice reform to incentivize physicians and other
723 licensed health care providers to practice in the state.

724 (b) The task force shall consist of the following members:

725 (1) Two appointed by the speaker of the House of Representatives,
726 one of whom has expertise in medical malpractice laws and one of
727 whom has expertise in tort reform;

728 (2) Two appointed by the president pro tempore of the Senate, one
729 of whom shall be a representative of a medical society in the state and
730 one of whom shall be a representative of a hospital association in the
731 state;

732 (3) One appointed by the majority leader of the House of
733 Representatives, who shall be a representative of a nurse's association
734 in the state;

735 (4) One appointed by the majority leader of the Senate, who shall be
736 a member of the judiciary;

737 (5) One appointed by the minority leader of the House of
738 Representatives, who shall be a member of an association of trial

739 lawyers in the state;

740 (6) One appointed by the minority leader of the Senate, who shall be
741 a health care advocate in the state; and

742 (7) The Commissioner of Public Health, or the commissioner's
743 designee.

744 (c) Any member of the task force appointed under subdivision (1),
745 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
746 of the General Assembly.

747 (d) All initial appointments to the task force shall be made not later
748 than thirty days after the effective date of this section. Any vacancy
749 shall be filled by the appointing authority.

750 (e) The speaker of the House of Representatives and the president
751 pro tempore of the Senate shall select the chairpersons of the task force
752 from among the members of the task force. Such chairpersons shall
753 schedule the first meeting of the task force, which shall be held not
754 later than sixty days after the effective date of this section.

755 (f) The administrative staff of the joint standing committee of the
756 General Assembly having cognizance of matters relating to public
757 health shall serve as administrative staff of the task force.

758 (g) Not later than January 1, 2024, the task force shall submit a
759 report on its findings and recommendations to the joint standing
760 committee of the General Assembly having cognizance of matters
761 relating to public health, in accordance with the provisions of section
762 11-4a of the general statutes. The task force shall terminate on the date
763 that it submits such report or January 1, 2024, whichever is later.

764 Sec. 20. (NEW) (*Effective July 1, 2023*) The Physical Therapy
765 Licensure Compact is hereby enacted into law and entered into by the
766 state of Connecticut with any and all jurisdictions legally joining
767 therein in accordance with its terms. The compact is substantially as

768 follows:

769 "PHYSICAL THERAPY LICENSURE COMPACT

770 SECTION 1. PURPOSE

771 The purpose of the compact is to facilitate interstate practice of
772 physical therapy with the goal of improving public access to physical
773 therapy services. The practice of physical therapy occurs in the state
774 where the patient is located at the time of the patient encounter. The
775 compact preserves the regulatory authority of states to protect public
776 health and safety through the current system of state licensure.

777 The compact is designed to achieve the following objectives:

778 (1) Increase public access to physical therapy services by providing
779 for the mutual recognition of other member state licenses;

780 (2) Enhance the states' ability to protect the public's health and
781 safety;

782 (3) Encourage the cooperation of member states in regulating multi-
783 state physical therapy practice;

784 (4) Support spouses of relocating military members;

785 (5) Enhance the exchange of licensure, investigative and disciplinary
786 information between member states; and

787 (6) Allow a remote state to hold a provider of services with a
788 compact privilege in such state accountable to such state's practice
789 standards.

790 SECTION 2. DEFINITION

791 As used in section 1, this section and sections 3 to 12, inclusive, of
792 the compact, and except as otherwise provided:

793 (1) "Active duty military" means full-time duty status in the active

794 uniformed service of the United States, including members of the
795 National Guard and Reserve on active duty orders pursuant to 10 USC
796 1209 and 1211, as amended from time to time;

797 (2) "Adverse action" means disciplinary action taken by a physical
798 therapy licensing board based upon misconduct, unacceptable
799 performance or a combination of both;

800 (3) "Alternative program" means a nondisciplinary monitoring or
801 practice remediation process approved by a physical therapy licensing
802 board, including, but not limited to, substance abuse issues;

803 (4) "Compact privilege" means the authorization granted by a
804 remote state to allow a licensee from another member state to practice
805 as a physical therapist or work as a physical therapist assistant in the
806 remote state under its laws and rules. The practice of physical therapy
807 occurs in the member state where the patient or client is located at the
808 time of the patient or client encounter;

809 (5) "Continuing competence" means a requirement, as a condition of
810 license renewal, to provide evidence of participation in, or completion
811 of, educational and professional activities relevant to practice or area
812 of work;

813 (6) "Data system" means a repository of information about licensees,
814 including examination, licensure, investigative, compact privilege and
815 adverse action;

816 (7) "Encumbered license" means a license that a physical therapy
817 licensing board has limited in any way;

818 (8) "Executive board" means a group of directors elected or
819 appointed to act on behalf of, and within the powers granted to them,
820 by the commission;

821 (9) "Home state" means the member state that is the licensee's
822 primary state of residence;

823 (10) "Investigative information" means information, records and
824 documents received or generated by a physical therapy licensing
825 board pursuant to an investigation;

826 (11) "Jurisprudence requirement" means the assessment of an
827 individual's knowledge of the laws and rules governing the practice of
828 physical therapy in a state;

829 (12) "Licensee" means an individual who currently holds an
830 authorization from the state to practice as a physical therapist or to
831 work as a physical therapist assistant;

832 (13) "Member state" means a state that has enacted the compact;

833 (14) "Party state" means any member state in which a licensee holds
834 a current license or compact privilege or is applying for a license or
835 compact privilege;

836 (15) "Physical therapist" means an individual who is licensed by a
837 state to practice physical therapy;

838 (16) "Physical therapist assistant" means an individual who is
839 licensed or certified by a state and who assists the physical therapist in
840 selected components of physical therapy;

841 (17) "Physical therapy", "physical therapy practice" and "the practice
842 of physical therapy" mean the care and services provided by or under
843 the direction and supervision of a licensed physical therapist;

844 (18) "Physical Therapy Compact Commission" or "commission"
845 means the national administrative body whose membership consists of
846 all states that have enacted the compact;

847 (19) "Physical therapy licensing board" or "licensing board" means
848 the agency of a state that is responsible for the licensing and regulation
849 of physical therapists and physical therapist assistants;

850 (20) "Remote state" means a member state other than the home state,

851 where a licensee is exercising or seeking to exercise the compact
852 privilege;

853 (21) "Rule" means a regulation, principle, or directive promulgated
854 by the commission that has the force of law; and

855 (22) "State" means any state, commonwealth, district or territory of
856 the United States of America that regulates the practice of physical
857 therapy.

858 SECTION 3. STATE PARTICIPATION IN THE COMPACT

859 (a) To participate in the compact, a state shall:

860 (1) Participate fully in the commission's data system, including
861 using the commission's unique identifier as defined in rules;

862 (2) Have a mechanism in place for receiving and investigating
863 complaints about licensees;

864 (3) Notify the commission, in compliance with the terms of the
865 compact and rules, of any adverse action or of the availability of
866 investigative information regarding a licensee;

867 (4) Fully implement a criminal background check requirement,
868 within a time frame established by rule, by receiving the results of the
869 Federal Bureau of Investigation record search on criminal background
870 checks and use the results in making licensure decisions in accordance
871 with subsection (b) of this section;

872 (5) Comply with the rules of the commission;

873 (6) Utilize a recognized national examination as a requirement for
874 licensure pursuant to the rules of the commission; and

875 (7) Have continuing competence requirements as a condition for
876 license renewal.

877 (b) Upon adoption of the compact, the member state shall have the
878 authority to obtain biometric-based information from each physical
879 therapy licensure applicant and shall submit such information to the
880 Federal Bureau of Investigation for a criminal background check in
881 accordance with 28 USC 534 and 42 USC 14616, as amended from time
882 to time.

883 (c) A member state shall grant the compact privilege to a licensee
884 holding a valid unencumbered license in another member state in
885 accordance with the terms of the compact and rules.

886 (d) Member states may charge a fee for granting a compact
887 privilege.

888 SECTION 4. COMPACT PRIVILEGE

889 (a) To exercise the compact privilege under the terms and
890 provisions of the compact, the licensee shall:

891 (1) Hold a license in the home state;

892 (2) Have no encumbrance on any state license;

893 (3) Be eligible for a compact privilege in any member state in
894 accordance with subsections (d), (g) and (h) of this section;

895 (4) Have not had any adverse action against any license or compact
896 privilege within the previous two years;

897 (5) Notify the commission that the licensee is seeking the compact
898 privilege within a remote state or remote states;

899 (6) Pay any applicable fees, including any state fee, for the compact
900 privilege;

901 (7) Meet any jurisprudence requirements established by the remote
902 state or states in which the licensee is seeking a compact privilege; and

903 (8) Report to the commission adverse action taken by any
904 nonmember state not later than thirty days after the date the adverse
905 action is taken.

906 (b) The compact privilege is valid until the expiration date of the
907 home license. The licensee shall comply with the requirements of
908 subsection (a) of this section of the compact to maintain the compact
909 privilege in the remote state.

910 (c) A licensee providing physical therapy in a remote state under the
911 compact privilege shall function within the laws and regulations of the
912 remote state.

913 (d) A licensee providing physical therapy in a remote state is subject
914 to such state's regulatory authority. A remote state may, in accordance
915 with due process and such state's laws, remove a licensee's compact
916 privilege in the remote state for a specific period of time, impose fines
917 and take any other necessary action to protect the health and safety of
918 its citizens. The licensee is not eligible for a compact privilege in any
919 state until the specific time for removal has passed and all fines are
920 paid.

921 (e) If a home state license is encumbered, the licensee shall lose the
922 compact privilege in any remote state until the following occur:

923 (1) The home state license is no longer encumbered; and

924 (2) Two years have elapsed from the date of the adverse action.

925 (f) Once an encumbered license in the home state is restored to good
926 standing, the licensee shall meet the requirements of subsection (a) of
927 this section of the compact to obtain a compact privilege in any remote
928 state.

929 (g) If a licensee's compact privilege in any remote state is removed,
930 the individual shall lose the compact privilege in any remote state until
931 the following occur:

932 (1) The specific period of time for which the compact privilege was
933 removed has ended;

934 (2) All fines have been paid; and

935 (3) Two years have elapsed from the date of the adverse action.

936 (h) Once the requirements of subsection (g) of this section of the
937 compact have been met, the licensee shall meet the requirements set
938 forth in subsection (a) of this section of the compact to obtain a
939 compact privilege in a remote state.

940 SECTION 5. ACTIVE DUTY MILITARY PERSONNEL OR THEIR
941 SPOUSES

942 A licensee who is active duty military or is the spouse of an
943 individual who is active duty military may designate one of the
944 following as the home state:

945 (1) Home of record;

946 (2) Permanent change of station (PCS); or

947 (3) State of current residence if such state is different from the PCS
948 state or home of record.

949 SECTION 6. ADVERSE ACTIONS

950 (a) A home state shall have exclusive power to impose adverse
951 action against a license issued by the home state.

952 (b) A home state may take adverse action based on the investigative
953 information of a remote state, so long as the home state follows its own
954 procedures for imposing adverse action.

955 (c) Nothing in the compact shall override a member state's decision
956 that participation in an alternative program may be used in lieu of
957 adverse action and that such participation shall remain nonpublic if

958 required by the member state's laws. Member states shall require
959 licensees who enter any alternative programs in lieu of discipline to
960 agree not to practice in any other member state during the term of the
961 alternative program without prior authorization from such other
962 member state.

963 (d) Any member state may investigate actual or alleged violations of
964 the statutes and rules authorizing the practice of physical therapy in
965 any other member state in which a physical therapist or physical
966 therapist assistant holds a license or compact privilege.

967 (e) A remote state shall have the authority to:

968 (1) Take adverse actions as set forth in subsection (d) of section 4 of
969 the compact against a licensee's compact privilege in the state;

970 (2) Issue subpoenas for both hearings and investigations that require
971 the attendance and testimony of witnesses and the production of
972 evidence. Subpoenas issued by a physical therapy licensing board in a
973 party state for the attendance and testimony of witnesses or the
974 production of evidence from another party state shall be enforced in
975 such other party state by any court of competent jurisdiction,
976 according to the practice and procedure of such court applicable to
977 subpoenas issued in proceedings pending before such court. The
978 issuing authority shall pay any witness fees, travel expenses, mileage
979 and other fees required by the service statutes of the state where the
980 witnesses or evidence are located; and

981 (3) If otherwise permitted by state law, recover from the licensee the
982 costs of investigations and disposition of cases resulting from any
983 adverse action taken against such licensee.

984 (f) Joint Investigations

985 (1) In addition to the authority granted to a member state by its
986 respective physical therapy practice act or other applicable state law, a
987 member state may participate with other member states in joint

988 investigations of licensees.

989 (2) Member states shall share any investigative, litigation or
990 compliance materials in furtherance of any joint or individual
991 investigation initiated under the compact.

992 SECTION 7. ESTABLISHMENT OF THE PHYSICAL THERAPY
993 COMPACT COMMISSION

994 (a) The compact member states hereby create and establish a joint
995 public agency known as the Physical Therapy Compact Commission.

996 (1) The commission is an instrumentality of the compact states.

997 (2) Venue is proper and judicial proceedings by or against the
998 commission shall be brought solely and exclusively in a court of
999 competent jurisdiction where the principal office of the commission is
1000 located. The commission may waive venue and jurisdictional defenses
1001 to the extent that it adopts or consents to participate in alternative
1002 dispute resolution proceedings.

1003 (3) Nothing in the compact shall be construed to be a waiver of
1004 sovereign immunity.

1005 (b) Membership, Voting and Meetings

1006 (1) Each member state shall have and be limited to one delegate
1007 selected by such member state's licensing board.

1008 (2) The delegate shall be a current member of the licensing board
1009 who is a physical therapist, a physical therapist assistant, a public
1010 member or the board administrator.

1011 (3) Any delegate may be removed or suspended from office as
1012 provided by the law of the state from which the delegate is appointed.

1013 (4) The member state board shall fill any vacancy occurring in the
1014 commission.

1015 (5) Each delegate shall be entitled to one vote with regard to the
1016 promulgation of rules and creation of bylaws and shall otherwise have
1017 an opportunity to participate in the business and affairs of the
1018 commission.

1019 (6) A delegate shall vote in person or by such other means as
1020 provided in the bylaws. The bylaws may provide for delegates'
1021 participation in meetings by telephone or other means of
1022 communication.

1023 (7) The commission shall meet at least once during each calendar
1024 year. Additional meetings shall be held as set forth in the bylaws.

1025 (c) The commission shall have the following powers and duties:

1026 (1) Establish the fiscal year of the commission;

1027 (2) Establish bylaws;

1028 (3) Maintain its financial records in accordance with the bylaws;

1029 (4) Meet and take such actions as are consistent with the provisions
1030 of the compact and the bylaws;

1031 (5) Promulgate uniform rules to facilitate and coordinate
1032 implementation and administration of the compact. The rules shall
1033 have the force and effect of law and shall be binding in all member
1034 states;

1035 (6) Bring and prosecute legal proceedings or actions in the name of
1036 the commission, provided the standing of any state physical therapy
1037 licensing board to sue or be sued under applicable law shall not be
1038 affected;

1039 (7) Purchase and maintain insurance and bonds;

1040 (8) Borrow, accept or contract for services of personnel, including,
1041 but not limited to, employees of a member state;

1042 (9) Hire employees, elect or appoint officers, fix compensation,
1043 define duties and grant such individuals appropriate authority to carry
1044 out the purposes of the compact and establish the commission's
1045 personnel policies and programs relating to conflicts of interest,
1046 qualifications of personnel and other related personnel matters;

1047 (10) Accept any and all appropriate donations and grants of money,
1048 equipment, supplies, materials and services and receive, utilize and
1049 dispose of such money, equipment, supplies, materials and services,
1050 provided at all times the commission shall avoid any appearance of
1051 impropriety or conflict of interest;

1052 (11) Lease, purchase, accept appropriate gifts or donations of, or
1053 otherwise own, hold, improve or use any property, real, personal or
1054 mixed, provided at all times the commission shall avoid any
1055 appearance of impropriety;

1056 (12) Sell, convey, mortgage, pledge, lease, exchange, abandon or
1057 otherwise dispose of any real, personal or mixed property;

1058 (13) Establish a budget and make expenditures;

1059 (14) Borrow money;

1060 (15) Appoint committees, including standing committees composed
1061 of members, state regulators, state legislators or their representatives,
1062 and consumer representatives and such other interested persons as
1063 may be designated in the compact and the bylaws;

1064 (16) Provide and receive information from, and cooperate with, law-
1065 enforcement agencies;

1066 (17) Establish and elect an executive board; and

1067 (18) Perform such other functions as may be necessary or
1068 appropriate to achieve the purposes of the compact consistent with the
1069 state regulation of physical therapy licensure and practice.

1070 (d) The Executive Board

1071 The executive board shall have the power to act on behalf of the
1072 commission according to the terms of the compact.

1073 (1) The executive board shall be composed of nine members as
1074 follows:

1075 (A) Seven voting members who are elected by the commission from
1076 the current membership of the commission;

1077 (B) One ex-officio, nonvoting member from the recognized national
1078 physical therapy professional association; and

1079 (C) One ex-officio, nonvoting member from the recognized
1080 membership organization of the physical therapy licensing boards.

1081 (2) The ex-officio members shall be selected by their respective
1082 organizations.

1083 (3) The commission may remove any member of the executive
1084 board as provided in bylaws.

1085 (4) The executive board shall meet at least annually.

1086 (5) The executive board shall have the following duties and
1087 responsibilities:

1088 (A) Recommend to the entire commission changes to the rules or
1089 bylaws, changes to the compact legislation, fees paid by compact
1090 member states, including annual dues, and any commission compact
1091 fee charged to licensees for the compact privilege;

1092 (B) Ensure compact administration services are appropriately
1093 provided, contractual or otherwise;

1094 (C) Prepare and recommend the budget;

1095 (D) Maintain financial records on behalf of the commission;

1096 (E) Monitor compact compliance of member states and provide
1097 compliance reports to the commission;

1098 (F) Establish additional committees as necessary; and

1099 (G) Perform other duties as provided in rules or bylaws.

1100 (e) Meetings of the Commission

1101 (1) All meetings shall be open to the public, and public notice of
1102 meetings shall be given in the same manner as required under the
1103 rulemaking provisions of section 9 of the compact.

1104 (2) The commission or the executive board or other committees of
1105 the commission may convene in a closed, nonpublic meeting if the
1106 commission or executive board or other committees of the commission
1107 shall discuss:

1108 (A) Noncompliance of a member state with its obligations under the
1109 compact;

1110 (B) The employment, compensation, discipline or other matters,
1111 practices or procedures related to specific employees or other matters
1112 related to the commission's internal personnel practices and
1113 procedures;

1114 (C) Current, threatened or reasonably anticipated litigation;

1115 (D) Negotiation of contracts for the purchase, lease or sale of goods,
1116 services or real estate;

1117 (E) Accusing any person of a crime or formally censuring any
1118 person;

1119 (F) Disclosure of trade secrets or commercial or financial
1120 information that is privileged or confidential;

1121 (G) Disclosure of information of a personal nature where disclosure

1122 would constitute a clearly unwarranted invasion of personal privacy;

1123 (H) Disclosure of investigative records compiled for law-
1124 enforcement purposes;

1125 (I) Disclosure of information related to any investigative reports
1126 prepared by or on behalf of or for use of the commission or other
1127 committee charged with responsibility of investigation or
1128 determination of compliance issues pursuant to the compact; or

1129 (J) Matters specifically exempted from disclosure by federal or
1130 member state statute.

1131 (3) If a meeting or portion of a meeting is closed pursuant to this
1132 provision, the commission's legal counsel or designee shall certify that
1133 the meeting may be closed and shall reference each relevant exempting
1134 provision.

1135 (4) The commission shall keep minutes that fully and clearly
1136 describe all matters discussed in a meeting and shall provide a full and
1137 accurate summary of actions taken and the reasons therefor, including
1138 a description of the views expressed. All documents considered in
1139 connection with an action shall be identified in such minutes. All
1140 minutes and documents of a closed meeting shall remain under seal,
1141 subject to release by a majority vote of the commission or order of a
1142 court of competent jurisdiction.

1143 (f) Financing of the Commission

1144 (1) The commission shall pay or provide for the payment of the
1145 reasonable expenses of its establishment, organization and ongoing
1146 activities.

1147 (2) The commission may accept any and all appropriate revenue
1148 sources, donations and grants of money, equipment, supplies,
1149 materials and services.

1150 (3) The commission may levy on and collect an annual assessment
1151 from each member state or impose fees on other parties to cover the
1152 cost of the operations and activities of the commission and its staff,
1153 which shall be in a total amount sufficient to cover its annual budget as
1154 approved each year for which revenue is not provided by other
1155 sources. The aggregate annual assessment amount shall be allocated
1156 based upon a formula to be determined by the commission, which
1157 shall promulgate a rule binding upon all member states.

1158 (4) The commission shall not incur obligations of any kind prior to
1159 securing the funds adequate to meet such obligations, or pledge the
1160 credit of any of the member states, except by and with the authority of
1161 the member state.

1162 (5) The commission shall keep accurate accounts of all receipts and
1163 disbursements. The receipts and disbursements of the commission
1164 shall be subject to the audit and accounting procedures established
1165 under its bylaws. All receipts and disbursements of funds handled by
1166 the commission shall be audited annually by a certified or licensed
1167 public accountant and the report of the audit shall be included in and
1168 become part of the annual report of the commission.

1169 (g) Qualified Immunity, Defense and Indemnification

1170 (1) The members, officers, executive director, employees and
1171 representatives of the commission shall be immune from suit and
1172 liability, either personally or in their official capacity, for any claim for
1173 damage to or loss of property or personal injury or other civil liability
1174 caused by or arising out of any actual or alleged act, error or omission
1175 that occurred or that the person against whom the claim is made had a
1176 reasonable basis for believing occurred within the scope of commission
1177 employment, duties or responsibilities, provided nothing in this
1178 subdivision shall be construed to protect any such person from suit or
1179 liability for any damage, loss, injury or liability caused by the
1180 intentional or wilful or wanton misconduct of such person.

1181 (2) The commission shall defend any member, officer, executive
1182 director, employee or representative of the commission in any civil
1183 action seeking to impose liability arising out of any actual or alleged
1184 act, error or omission that occurred within the scope of commission
1185 employment, duties or responsibilities or that the person against
1186 whom the claim is made had a reasonable basis for believing occurred
1187 within the scope of commission employment, duties or responsibilities,
1188 provided (A) nothing in this subdivision shall be construed to prohibit
1189 such person from retaining his or her own counsel, and (B) the actual
1190 or alleged act, error or omission did not result from such person's
1191 intentional or wilful or wanton misconduct.

1192 (3) The commission shall indemnify and hold harmless any
1193 member, officer, executive director, employee or representative of the
1194 commission for the amount of any settlement or judgment obtained
1195 against such person arising out of any actual or alleged act, error or
1196 omission that occurred within the scope of commission employment,
1197 duties or responsibilities or that such person had a reasonable basis for
1198 believing occurred within the scope of commission employment,
1199 duties or responsibilities, provided the actual or alleged act, error or
1200 omission did not result from the intentional or wilful or wanton
1201 misconduct of such person.

1202 SECTION 8. DATA SYSTEM

1203 (a) The commission shall provide for the development, maintenance
1204 and utilization of a coordinated database and reporting system
1205 containing licensure, adverse action and investigative information on
1206 all licensed individuals in member states.

1207 (b) Notwithstanding any other provision of state law to the
1208 contrary, a member state shall submit a uniform data set to the data
1209 system on all individuals to whom the compact is applicable as
1210 required by the rules of the commission, including:

1211 (1) Identifying information;

- 1212 (2) Licensure data;
- 1213 (3) Adverse actions against a license or compact privilege;
- 1214 (4) Nonconfidential information related to alternative program
1215 participation;
- 1216 (5) Any denial of application for licensure, and the reason for such
1217 denial; and
- 1218 (6) Other information that may facilitate the administration of the
1219 compact, as determined by the rules of the commission.
- 1220 (c) Investigative information pertaining to a licensee in any member
1221 state shall only be available to other party states.
- 1222 (d) The commission shall promptly notify all member states of any
1223 adverse action taken against a licensee or an individual applying for a
1224 license. Adverse action information pertaining to a licensee in any
1225 member state shall be available to any other member state.
- 1226 (e) Member states contributing information to the data system may
1227 designate information that may not be shared with the public without
1228 the express permission of the contributing state.
- 1229 (f) Any information submitted to the data system that is
1230 subsequently required to be expunged by the laws of the member state
1231 contributing the information shall be removed from the data system.

1232 SECTION 9. RULEMAKING

- 1233 (a) The commission shall exercise its rulemaking powers pursuant
1234 to the criteria set forth in this section and the rules adopted
1235 thereunder. Rules and amendments shall become binding as of the
1236 date specified in each rule or amendment.
- 1237 (b) If a majority of the legislatures of the member states rejects a
1238 rule, by enactment of a statute or resolution in the same manner used

1239 to adopt the compact not later than four years after the date of
1240 adoption of the rule, such rule shall have no further force and effect in
1241 any member state.

1242 (c) Rules or amendments to the rules shall be adopted at a regular or
1243 special meeting of the commission.

1244 (d) Prior to promulgation and adoption of a final rule or rules by the
1245 commission, and at least thirty days in advance of the meeting at
1246 which the rule will be considered and voted upon, the commission
1247 shall file a notice of proposed rulemaking:

1248 (1) On the Internet web site of the commission or other publicly
1249 accessible platform; and

1250 (2) On the Internet web site of each member state physical therapy
1251 licensing board or other publicly accessible platform or the publication
1252 in which each state would otherwise publish proposed rules.

1253 (e) The notice of proposed rulemaking shall include:

1254 (1) The proposed time, date and location of the meeting in which the
1255 rule will be considered and voted upon;

1256 (2) The text of the proposed rule or amendment and the reason for
1257 the proposed rule;

1258 (3) A request for comments on the proposed rule from any
1259 interested person; and

1260 (4) The manner in which interested persons may submit notice to
1261 the commission of their intention to attend the public hearing and any
1262 written comments.

1263 (f) Prior to adoption of a proposed rule, the commission shall allow
1264 persons to submit written data, facts, opinions and arguments, which
1265 shall be made available to the public.

1266 (g) The commission shall grant an opportunity for a public hearing
1267 before it adopts a rule or amendment if a hearing is requested by:

1268 (1) At least twenty-five persons;

1269 (2) A state or federal governmental subdivision or agency; or

1270 (3) An association having at least twenty-five members.

1271 (h) If a hearing is held on the proposed rule or amendment, the
1272 commission shall publish the place, time and date of the scheduled
1273 public hearing. If the hearing is held via electronic means, the
1274 commission shall publish the mechanism for access to the electronic
1275 hearing.

1276 (1) All persons wishing to be heard at the hearing shall notify the
1277 executive director of the commission or other designated member in
1278 writing of their desire to appear and testify at the hearing not less than
1279 five business days before the scheduled date of the hearing.

1280 (2) Hearings shall be conducted in a manner providing each person
1281 who wishes to comment a fair and reasonable opportunity to comment
1282 orally or in writing.

1283 (3) All hearings shall be recorded. A copy of the recording shall be
1284 made available on request.

1285 (4) Nothing in this section shall be construed as requiring a separate
1286 hearing on each rule. Rules may be grouped for the convenience of the
1287 commission at hearings required by this section.

1288 (i) Following the scheduled hearing date, or by the close of business
1289 on the scheduled hearing date if the hearing was not held, the
1290 commission shall consider all written and oral comments received.

1291 (j) If no written notice of intent to attend the public hearing by
1292 interested parties is received, the commission may proceed with
1293 promulgation of the proposed rule without a public hearing.

1294 (k) The commission shall, by majority vote of all members, take final
1295 action on the proposed rule and shall determine the effective date of
1296 the rule, if any, based on the rulemaking record and the full text of the
1297 rule.

1298 (l) Upon determination that an emergency exists, the commission
1299 may consider and adopt an emergency rule without prior notice,
1300 opportunity for comment or hearing, provided the usual rulemaking
1301 procedures provided in the compact and in this section shall be
1302 retroactively applied to the rule as soon as reasonably possible, but in
1303 no event later than ninety days after the effective date of the rule. For
1304 the purposes of this subsection, an emergency rule shall be adopted
1305 immediately to:

1306 (1) Meet an imminent threat to public health, safety or welfare;

1307 (2) Prevent a loss of commission or member state funds;

1308 (3) Meet a deadline for the promulgation of an administrative rule
1309 that is established by federal law or rule; or

1310 (4) Protect public health and safety.

1311 (m) The commission or an authorized committee of the commission
1312 may direct revisions to a previously adopted rule or amendment for
1313 purposes of correcting typographical errors, errors in format, errors in
1314 consistency or grammatical errors. Public notice of any revisions shall
1315 be posted on the Internet web site of the commission. The revision
1316 shall be subject to challenge by any person for a period of thirty days
1317 after posting. The revision may be challenged only on grounds that the
1318 revision results in a material change to a rule. A challenge shall be
1319 made in writing and delivered to the chair of the commission prior to
1320 the end of the notice period. If no challenge is made, the revision shall
1321 take effect without further action. If the revision is challenged, the
1322 revision may not take effect without the approval of the commission.

1323 SECTION 10. OVERSIGHT, DISPUTE RESOLUTION AND

1324 ENFORCEMENT

1325 (a) Oversight

1326 (1) The executive, legislative and judicial branches of state
1327 government in each member state shall enforce the compact and take
1328 all actions necessary and appropriate to effectuate the compact's
1329 purposes and intent. The provisions of the compact and the rules
1330 promulgated under the compact shall have standing as statutory law.

1331 (2) All courts shall take judicial notice of the compact and the rules
1332 in any judicial or administrative proceeding in a member state
1333 pertaining to the subject matter of the compact which may affect the
1334 powers, responsibilities or actions of the commission.

1335 (3) The commission shall be entitled to receive service of process in
1336 any such proceeding and shall have standing to intervene in such a
1337 proceeding for all purposes. Failure to provide service of process to the
1338 commission shall render a judgment or order void as to the
1339 commission, the compact or promulgated rules.

1340 (b) Default, Technical Assistance and Termination

1341 (1) If the commission determines that a member state has defaulted
1342 in the performance of its obligations or responsibilities under the
1343 compact or the promulgated rules, the commission shall:

1344 (A) Provide written notice to the defaulting state and other member
1345 states of the nature of the default, the proposed means of curing the
1346 default, and or any other action to be taken by the commission; and

1347 (B) Provide remedial training and specific technical assistance
1348 regarding the default.

1349 (2) If a state in default fails to cure the default, the defaulting state
1350 may be terminated from the compact upon an affirmative vote of a
1351 majority of the member states, and all rights, privileges and benefits

1352 conferred by the compact may be terminated on the effective date of
1353 termination. A cure of the default shall not relieve the offending state
1354 of obligations or liabilities incurred during the period of default.

1355 (3) Termination of membership in the compact shall be imposed
1356 only after all other means of securing compliance have been exhausted.
1357 Notice of intent to suspend or terminate shall be given by the
1358 commission to the governor, the majority and minority leaders of the
1359 defaulting state's legislature and each of the member states.

1360 (4) A state that has been terminated is responsible for all
1361 assessments, obligations and liabilities incurred through the effective
1362 date of termination, including obligations that extend beyond the
1363 effective date of termination.

1364 (5) The commission shall not bear any costs related to a state that is
1365 found to be in default or that has been terminated from the compact,
1366 unless agreed upon in writing between the commission and the
1367 defaulting state.

1368 (6) The defaulting state may appeal the action of the commission by
1369 petitioning the United States District Court for the District of Columbia
1370 or the federal district where the commission has its principal offices.
1371 The prevailing member shall be awarded all costs of such litigation,
1372 including reasonable attorney's fees.

1373 (c) Dispute resolution.

1374 (1) Upon request by a member state, the commission shall attempt
1375 to resolve disputes related to the compact that arise among member
1376 states and between member and nonmember states.

1377 (2) The commission shall promulgate a rule providing for both
1378 mediation and binding dispute resolution for disputes as appropriate.

1379 (d) Enforcement

1380 (1) The commission, in the reasonable exercise of its discretion, shall
1381 enforce the provisions and rules of the compact.

1382 (2) By majority vote, the commission may initiate legal action in the
1383 United States District Court for the District of Columbia or the federal
1384 district where the commission has its principal offices against a
1385 member state in default to enforce compliance with the provisions of
1386 the compact and its promulgated rules and bylaws. The relief sought
1387 may include both injunctive relief and damages. In the event judicial
1388 enforcement is necessary, the prevailing member shall be awarded all
1389 costs of such litigation, including reasonable attorney's fees.

1390 (3) The remedies herein shall not be the exclusive remedies of the
1391 commission. The commission may pursue any other remedies
1392 available under federal or state law.

1393 SECTION 11. DATE OF IMPLEMENTATION OF THE
1394 INTERSTATE COMMISSION FOR PHYSICAL THERAPY PRACTICE
1395 AND ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

1396 (a) The compact shall come into effect on the date on which the
1397 compact statute is enacted into law in the tenth member state. The
1398 provisions, which become effective at such time, shall be limited to the
1399 powers granted to the commission relating to assembly and the
1400 promulgation of rules. Thereafter, the commission shall meet and
1401 exercise rulemaking powers necessary to the implementation and
1402 administration of the compact.

1403 (b) Any state that joins the compact subsequent to the commission's
1404 initial adoption of the rules shall be subject to the rules as they exist on
1405 the date on which the compact becomes law in such state. Any rule
1406 that has been previously adopted by the commission shall have the full
1407 force and effect of law on the day the compact becomes law in such
1408 state.

1409 (c) Any member state may withdraw from the compact by enacting

1410 a statute repealing the same.

1411 (1) A member state's withdrawal shall not take effect until six
1412 months after enactment of the repealing statute.

1413 (2) Withdrawal shall not affect the continuing requirement of the
1414 withdrawing state's physical therapy licensing board to comply with
1415 the investigative and adverse action reporting requirements of the
1416 compact prior to the effective date of withdrawal.

1417 (d) Nothing contained in the compact shall be construed to
1418 invalidate or prevent any physical therapy licensure agreement or
1419 other cooperative arrangement between a member state and a
1420 nonmember state that does not conflict with the provisions of the
1421 compact.

1422 (e) The compact may be amended by the member states. No
1423 amendment to the compact shall become effective and binding upon
1424 any member state until it is enacted into the laws of all member states.

1425 SECTION 12. CONSTRUCTION AND SEVERABILITY

1426 The compact shall be liberally construed so as to effectuate the
1427 purposes thereof. The provisions of the compact shall be severable,
1428 and if any phrase, clause, sentence or provision of the compact is
1429 declared to be contrary to the constitution of any party state or the
1430 Constitution of the United States, or the applicability thereof to any
1431 government, agency, person or circumstance is held invalid, the
1432 validity of the remainder of the compact and the applicability thereof
1433 to any government, agency, person or circumstance shall not be
1434 affected thereby. If the compact shall be held contrary to the
1435 constitution of any party state, the compact shall remain in full force
1436 and effect as to the remaining party states and in full force and effect as
1437 to the party state affected as to all severable matters."

1438 Sec. 21. (*Effective July 1, 2023*) (a) The Commissioner of Public Health
1439 shall establish a podiatric scope of practice working group to advise

1440 the Department of Public Health and any relevant scope of practice
1441 review committee established pursuant to section 19a-16e of the
1442 general statutes regarding the scope of practice of podiatrists as it
1443 relates to surgical procedures. The working group shall consist of not
1444 less than three podiatrists licensed pursuant to chapter 375 of the
1445 general statutes and not less than three orthopedic surgeons licensed
1446 pursuant to chapter 370 of the general statutes appointed by the
1447 commissioner. Not later than January 1, 2024, the working group shall
1448 report to the commissioner and any such scope of practice review
1449 committee regarding its findings and recommendations.

1450 (b) Not later than February 1, 2024, the Commissioner of Public
1451 Health shall report, in accordance with the provisions of section 11-4a
1452 of the general statutes, to the joint standing committee of the General
1453 Assembly having cognizance of matters relating to public health on the
1454 findings and recommendations of the working group and whether the
1455 Department of Public Health and any relevant scope of practice review
1456 committee is in agreement with such findings and recommendations.

1457 Sec. 22. Section 20-94a of the general statutes is repealed and the
1458 following is substituted in lieu thereof (*Effective October 1, 2023*):

1459 (a) The Department of Public Health may issue an advanced
1460 practice registered nurse license to a person seeking to perform the
1461 activities described in subsection (b) of section 20-87a, upon receipt of
1462 a fee of two hundred dollars, to an applicant who: (1) Maintains a
1463 license as a registered nurse in this state, as provided by section 20-93
1464 or 20-94; (2) holds and maintains current certification as a nurse
1465 practitioner, a clinical nurse specialist or a nurse anesthetist from one
1466 of the following national certifying bodies that certify nurses in
1467 advanced practice: The American Nurses' Association, the Nurses'
1468 Association of the American College of Obstetricians and
1469 Gynecologists Certification Corporation, the National Board of
1470 Pediatric Nurse Practitioners and Associates or the American
1471 Association of Nurse Anesthetists, their successors or other

1472 appropriate national certifying bodies approved by the Board of
1473 Examiners for Nursing; (3) has completed thirty hours of education in
1474 pharmacology for advanced nursing practice; and (4) (A) holds a
1475 graduate degree in nursing or in a related field recognized for
1476 certification as either a nurse practitioner, a clinical nurse specialist, or
1477 a nurse anesthetist by one of the foregoing certifying bodies, or (B) (i)
1478 on or before December 31, 2004, completed an advanced nurse
1479 practitioner program that a national certifying body identified in
1480 subdivision (2) of subsection (a) of this section recognized for
1481 certification of a nurse practitioner, clinical nurse specialist, or nurse
1482 anesthetist, and (ii) at the time of application, holds a current license as
1483 an advanced practice registered nurse in another state that requires a
1484 master's degree in nursing or a related field for such licensure. No
1485 license shall be issued under this section to any applicant against
1486 whom professional disciplinary action is pending or who is the subject
1487 of an unresolved complaint.

1488 (b) During the period commencing January 1, 1990, and ending
1489 January 1, 1992, the Department of Public Health may in its discretion
1490 allow a registered nurse, who has been practicing as an advanced
1491 practice registered nurse in a nurse practitioner role and who is unable
1492 to obtain certification as a nurse practitioner by one of the national
1493 certifying bodies specified in subsection (a) of this section, to be
1494 licensed as an advanced practice registered nurse provided the
1495 individual:

1496 (1) Holds a current Connecticut license as a registered nurse
1497 pursuant to this chapter;

1498 (2) Presents the department with documentation of the reasons one
1499 of such national certifying bodies will not certify him as a nurse
1500 practitioner;

1501 (3) Has been in active practice as a nurse practitioner for at least five
1502 years in a facility licensed pursuant to section 19a-491;

1503 (4) Provides the department with documentation of his preparation
1504 as a nurse practitioner;

1505 (5) Provides the department with evidence of at least seventy-five
1506 contact hours, or its equivalent, of continuing education related to his
1507 nurse practitioner specialty in the preceding five calendar years;

1508 (6) Has completed thirty hours of education in pharmacology for
1509 advanced nursing practice;

1510 (7) Has his employer provide the department with a description of
1511 his practice setting, job description, and a plan for supervision by a
1512 licensed physician;

1513 (8) Notifies the department of each change of employment to a new
1514 setting where he will function as an advanced practice registered nurse
1515 and will be exercising prescriptive and dispensing privileges.

1516 (c) Any person who obtains a license pursuant to subsection (b) of
1517 this section shall be eligible to renew such license annually provided
1518 he presents the department with evidence that he received at least
1519 fifteen contact hours, or its equivalent, eight hours of which shall be in
1520 pharmacology, of continuing education related to his nurse
1521 practitioner specialty in the preceding licensure year. If an individual
1522 licensed pursuant to subsection (b) of this subsection becomes eligible
1523 at any time for certification as a nurse practitioner by one of the
1524 national certifying bodies specified in subsection (a) of this section, the
1525 individual shall apply for certification, and upon certification so notify
1526 the department, and apply to be licensed as an advanced practice
1527 registered nurse in accordance with subsection (a) of this section.

1528 (d) On and after October 1, 2023, a person, who is not eligible for
1529 licensure under subsection (a) of this section, may apply for licensure
1530 by endorsement as an advanced practice registered nurse. Such
1531 applicant shall (1) present evidence satisfactory to the Commissioner
1532 of Public Health that the applicant has acquired three years of

1533 experience as an advanced practice registered nurse, or as a person
1534 entitled to perform similar services under a different designation, in
1535 another state or jurisdiction that has requirements for practicing in
1536 such capacity that are substantially similar to, or higher than, those of
1537 this state and that there are no disciplinary actions or unresolved
1538 complaints pending against such person, and (2) pay a fee of two
1539 hundred dollars to the commissioner.

1540 [(d)] (e) A person who has received a license pursuant to this section
1541 shall be known as an "Advanced Practice Registered Nurse" and no
1542 other person shall assume such title or use the letters or figures which
1543 indicate that the person using the same is a licensed advanced practice
1544 registered nurse.

1545 Sec. 23. Section 10a-19l of the general statutes is repealed and the
1546 following is substituted in lieu thereof (*Effective July 1, 2023*):

1547 (a) Not later than January 1, 2023, the Office of Higher Education
1548 shall establish a health care provider loan reimbursement program.
1549 The health care provider loan reimbursement program shall provide
1550 loan reimbursement grants to health care providers licensed by the
1551 Department of Public Health who are employed full-time as a health
1552 care provider in the state.

1553 (b) The executive director of the Office of Higher Education shall (1)
1554 develop, in consultation with the Department of Public Health,
1555 eligibility requirements for recipients of such loan reimbursement
1556 grants, which requirements may include, but need not be limited to,
1557 income guidelines, [and] (2) award at least twenty per cent of such
1558 loan reimbursement grants to graduates of a regional community-
1559 technical college, and (3) award at least ten per cent of such loan
1560 reimbursement grants to persons employed full-time as health care
1561 providers in a rural community in the state. The executive director
1562 shall consider health care workforce shortage areas when developing
1563 such eligibility requirements. A person who qualifies for a loan
1564 reimbursement grant shall be reimbursed on an annual basis for

1565 qualifying student loan payments in amounts determined by the
 1566 executive director. A health care provider shall only be reimbursed for
 1567 loan payments made while such person is employed full-time in the
 1568 state as a health care provider. Persons may apply for loan
 1569 reimbursement grants to the Office of Higher Education at such time
 1570 and in such manner as the executive director prescribes.

1571 (c) The Office of Higher Education may accept gifts, grants and
 1572 donations, from any source, public or private, for the health care
 1573 provider loan reimbursement program.

1574 Sec. 24. (NEW) (*Effective July 1, 2023*) Not later than January 1, 2024,
 1575 the owner or operator of each splash pad and spray park where water
 1576 is recirculated shall post a sign in a conspicuous location at or near the
 1577 entryway to the splash pad or spray park stating that the water is
 1578 recirculated and warning that there is a potential health risk to persons
 1579 ingesting the water.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>July 1, 2023</i>	New section
Sec. 3	<i>October 1, 2023</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>October 1, 2023</i>	New section
Sec. 7	<i>October 1, 2023</i>	20-14o
Sec. 8	<i>July 1, 2023</i>	New section
Sec. 9	<i>July 1, 2023</i>	20-633d(a)
Sec. 10	<i>July 1, 2023</i>	New section
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>July 1, 2023</i>	New section
Sec. 13	<i>July 1, 2023</i>	New section
Sec. 14	<i>July 1, 2023</i>	New section
Sec. 15	<i>July 1, 2023</i>	New section
Sec. 16	<i>October 1, 2023</i>	New section
Sec. 17	<i>July 1, 2023</i>	20-14p

Sec. 18	<i>July 1, 2023</i>	New section
Sec. 19	<i>from passage</i>	New section
Sec. 20	<i>July 1, 2023</i>	New section
Sec. 21	<i>July 1, 2023</i>	New section
Sec. 22	<i>October 1, 2023</i>	20-94a
Sec. 23	<i>July 1, 2023</i>	10a-19l
Sec. 24	<i>July 1, 2023</i>	New section

Statement of Purpose:

To equalize access to physical, mental and behavioral health care in the state and to strengthen the state's response to the fentanyl and opioid epidemic.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

Co-Sponsors: SEN. LOONEY, 11th Dist.; SEN. DUFF, 25th Dist.
 SEN. ANWAR, 3rd Dist.; SEN. CABRERA, 17th Dist.
 SEN. COHEN, 12th Dist.; SEN. FLEXER, 29th Dist.
 SEN. FONFARA, 1st Dist.; SEN. GASTON, 23rd Dist.
 SEN. HOCHADEL, 13th Dist.; SEN. KUSHNER, 24th Dist.
 SEN. LESSER, 9th Dist.; SEN. LOPES, 6th Dist.
 SEN. MAHER, 26th Dist.; SEN. MARONEY, 14th Dist.
 SEN. MARX, 20th Dist.; SEN. MCCRORY, 2nd Dist.
 SEN. MILLER P., 27th Dist.; SEN. MOORE, 22nd Dist.
 SEN. RAHMAN, 4th Dist.; SEN. SLAP, 5th Dist.
 SEN. WINFIELD, 10th Dist.

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